



CAT Office Use Only date stamp

CAT ADA Dial-A-Ride Application

Medical Professional Questionnaire- PART 2

Applicant Instructions: Complete and sign page 1 and have your medical professional complete pages 2 thru 4.

Dear _____,
(medical professional)

Date: _____

I, _____, have asked CAT to determine my eligibility to use the CAT
(applicant's name)
local bus service or their Dial-A-Ride paratransit service.

To the medical professional: Please respond to the following questionnaire and mail or fax the completed form to be used along with a separate Part 1 application process for paratransit service. If I revoke this authorization, I will send a written request with a copy of this form to you by mail.

HIPAA Statement: I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain health care treatment from you. However, it may impact the ability of SMART to determine my eligibility for paratransit services. I understand that I may cancel this authorization in writing at any time. The cancellation will not affect any information that you disclosed prior to cancellation. This authorization will expire one year from the date of this letter. I understand that the information released may be subject to re- disclosure and no longer protected under federal and state law.

Signature of patient or legal representative

Contact number

Relationship to patient (if applicable)

If I revoke this authorization, I will send a written request with a copy of this form to you by mail, fax or email to:

Canby Area Transit
ATTN: Transit Manager
195 S. Hazel Dell Way Suite C
Canby OR 97013
FAX: 503-263-6284 Email: cat@canbyoregon.gov

For questions or assistance in completing the application, contact the Transit Manager at **(503) 266-0717**.

First name: _____ Last Name: _____ DOB: _____

What is CAT Dial-A-Ride ADA Paratransit and who is eligible?

CAT Dial-A-Ride is the Americans with Disabilities Act (ADA) complementary paratransit service for the Canby area. CAT Dial-A-Ride is an origin to destination, shared ride, public transportation service for individuals with disabilities who are unable to use CAT Fixed-Route bus service due to significant functional limitations. The following features of the CAT bus system allow many individuals with disabilities to use these routes:

- CAT Fixed-Route buses are equipped with a ramp and/or lift. This helps avoid climbing steps if the applicant is unable.
- Announcement system that identifies major bus stops and transfers.
- Reader signs that provide a visual cue for riders with hearing impairment.
- Priority seating: a dedicated area for seniors and people with disabilities.
- Bus stop improvements including curb ramps at intersections and adding benches and shelters at many locations.

Please Note: Paratransit eligibility is not based on age, inability to drive, or the lack of availability or inconvenience of CAT Fixed-Route bus service.

This Medical Professional Questionnaire will be used to help determine what CAT service best meets the applicant’s needs.

1. Capacity in which you know this applicant: _____

2. Does the applicant use any of the following devices to assist with their mobility needs?

- | | | |
|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Power scooter | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Extended footrests | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Chest restraint | <input type="checkbox"/> Alphabet board |
| <input type="checkbox"/> Prosthetic device | <input type="checkbox"/> Other (Please describe) : | |

3. What health related condition(s) or diagnosis makes it difficult or prevents the applicant from using CAT Fixed-Route buses?

4. Please indicate by marking yes, nor, not sure, if your patient does/does not have **“functional limitation(s)”** that may make it difficult or prevent them from using CAT fixed route buses.

PHYSICAL ABILITIES: Is patient within normal limits for:	YES	NO	N/A Not sure
Walking speed – <i>is not unusually fast or slow</i>			
Walking distance – <i>is able to ambulate one-quarter mile</i>			
Endurance – <i>is able to safely and independently complete a bus trip</i>			
Coordination and balance – <i>is stable, does not present a fall risk</i>			
Strength – <i>is strong enough for safe, independent travel</i>			
Gait – <i>is normal, without hindrance or disturbance affecting travel</i>			
Range of motion – <i>doesn't present ambulation difficulties affecting travel</i>			
Dexterity – <i>does not present ambulation difficulties affecting travel</i>			
Climbing steps – <i>can the patient independently climb three 12" steps?</i>			
Waiting outside – <i>can patient wait independently outside for 10 min?</i>			
Mobility aids – <i>is the patient proficient in using their mobility aids?</i>			

SENSORY FUNCTIONS: Is the patient:	YES	NO	N/A Not sure
Oriented and aware of their personal space?			
Able to detect changes on surfaces (<i>tactile</i>)?			
Able to detect environmental cues (<i>seeing, hearing, feeling</i>)?			
Visual acuity with best correction (<i>if information is available</i>) Right eye:___ Left eye:___ Both eyes:___			
Visual Fields: Right eye:___ Left eye:___ Both eyes:___			

COGNITIVE ABILITIES: Does the patient possess:	YES	NO	N/A Unsure
Orientation skills – <i>ability to orient oneself to person/place/thing?</i>			
Judgment/safety skills – <i>adequate for safe, independent travel?</i>			
Problem solving skills – <i>adequate for safe, independent travel?</i>			
Coping skills – <i>adequate for safe, independent travel?</i>			
Short-term memory – <i>adequate for safe, independent travel?</i>			
Long-term memory – <i>adequate for safe, independent travel?</i>			
Attention to task – <i>adequate for safe, independent travel?</i>			
Public behavior – <i>able to maintain appropriate behavior in public setting?</i>			
Wayfinding skills – <i>adequate for safe, independent travel?</i>			
Communication skills – <i>adequate for safe, independent travel?</i>			
Ability to recognize and respond to dangerous situations?			
Ability to deal with unexpected situations or changes without assistance?			
Ability to provide or say street address and telephone number upon request?			
Ability to recognize destination or landmarks?			
Ability to ask for, understand, and follow directions?			
Ability to safely and effectively travel through crowded or complex facilities?			

First name: _____ Last Name: _____ DOB: _____

5. Are these functional limitations: permanent or temporary

If temporary, for how long?

**Signature of health care provider: _____

Print name of health care provider: _____

Date: _____ Phone: _____

Office Address: _____

**Medical professional must sign this form prior to returning
the questionnaire to Canby Area Transit.

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